

**Retain or Reassign Slot
Of Individual Not Currently Receiving Waiver Services**

Check one: ☐ MR Waiver Slot ☐ DS Waiver Slot

Date of Request _____ Check one: ☐ Retain Slot ☐ Reassign Slot

CSB

CSB Contact _____ Phone _____ Fax _____

Individual

Medicaid No. _____ Social Security No. _____

Check one: ☐ Services not yet initiated ☐ Services interrupted
Date of enrollment: _____
Date services were interrupted: _____

Indicate reason below:

- ☐ No provider available.
- ☐ No provider chosen by the individual.
- ☐ Chosen provider is not currently able to provide services.
- ☐ Medical leave or placement/hospitalization for physical treatment.
- ☐ Placement/hospitalization for behavioral or mental health treatment.
- ☐ Provider no longer able to provide services.
- ☐ Individual (or family/caregiver) has chosen to discontinue services from provider.
- ☐ Individual died.
- ☐ Individual moved out of state.
- ☐ Individual declined waiver services.
- ☐ Individual incarcerated.
- ☐ Other (please describe): _____

Explain the above situation & actions taken: _____

Date of anticipated service start: _____ (if retaining slot)

Signature of MR Director

Date

Based upon the CSB recommendation:

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_____ The slot may remain with the current individual for another 30 days.

_____ The slot may be reassigned by the CSB to another individual meeting urgent criteria, following exhaustion of appeal rights.*

_____ The CSB may discharge the individual from the DS Waiver and must issue appeal rights. If the individual is not appealing or after appeal rights are exhausted, the CSB must notify OMR by submission of a Slot Change/New Assignment Fax Cover (DMH 885E 1202 R) and a DMAS-122 terminating the individual from the DS Waiver.

_____ More information is needed as specified: _____

OMR Representative

Date

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